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# Te Ao Māori perspectives of what works to support wellbeing in the first thousand days

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A research report prepared for the  
Social Wellbeing Agency

**SOCIAL  
WELLBEING  
AGENCY**

TOI HAU  
TĀNGATA



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## Glossary of Māori words

<b>Aotearoa</b>	literally “Long White Cloud”; in common usage as the Māori name for New Zealand
<b>hapū</b>	pregnant sub-tribe
<b>hapūtanga</b>	pregnancy stage
<b>iwi</b>	Tribe
<b>koroua</b>	grandfather
<b>kuia</b>	grandmother
<b>mahi</b>	work
<b>Māori</b>	Indigenous Peoples of Aotearoa
<b>matua</b>	significant male figure/s parents
<b>mokopuna</b>	grandchild/ren
<b>pa harakeke</b>	flax bush
<b>Pākehā</b>	non-Māori
<b>Papatūānuku</b>	mother earth
<b>pēpi</b>	baby
<b>purakau</b>	story telling
<b>Ranginui</b>	sky father
<b>tamariki</b>	children
<b>taonga</b>	treasure
<b>Te Ao Māori</b>	Māori world view
<b>Te Ata</b>	the light
<b>Te Kore</b>	the nothingness
<b>Te Po</b>	the darkness
<b>tikanga</b>	custom, rule, principles
<b>whakapapa</b>	genealogy
<b>whakatauki</b>	proverb
<b>whānau</b>	family
<b>whāea</b>	significant female figure often referred to as mother
<b>whenua</b>	placenta land

# Background

In 2021, the Social Wellbeing Agency (SWA) commissioned an evidence brief outlining what aspects of parental wellbeing have the biggest potential for improving the short- and long-term wellbeing of children. A report titled *Academic Perspectives on Wellbeing* was completed in late 2021. The Social Wellbeing Agency sought to continue this work to gain a greater understanding of child wellbeing specifically from a Te Ao Māori perspective.

The SWA put out a Request for Quote (RFQ) for the delivery of a research report on a Te Ao Māori perspective on the impacts of parental, family/whānau wellbeing on child wellbeing, and its life course effects. Report requirements, including content, objectives, and the report parameters were included in the RFQ.

Our team, led by two kaupapa Māori researchers, is comprised of four established researchers and one emerging researcher all with expertise and passion for enhancing the wellbeing of tamariki Māori. Our team recognised the potential value of undertaking this piece of work. We understood that kaupapa Māori research often challenges “...prevailing ideologies of superiority, power relations and social practices that disadvantage Maori” (Walker et al., 2006, p. 334). Therefore, one of our key reasons for undertaking this work was to highlight dominant discourses that impede Māori aspirations of wellbeing. Given the strong Māori leadership, and support and encouragement of our Pakeha (non-Māori) research colleagues, we were successful in our bid. We engaged representatives from SWA and Senior Policy Analysts from the Department of the Prime Minister and Cabinet (DPMC) to be part of the advisory group to oversee, and actively partake, in this research report.

## Purpose

Given the scope of this project, and after conversations with the SWA and DPMC, the purpose of this report was to identify what works to support wellbeing in the first thousand days from a Te Ao Māori (Māori world view) perspective. Whilst this report provides insights into Māori perspectives of tamariki wellbeing, it is uniquely focused on the review of exemplar initiatives that are grounded in Te Ao Māori. Tamariki Māori wellbeing outcomes are much worse than the population average, and the gaps have been persistent despite widespread

acknowledgement that they exist. This report is an opportunity to highlight initiatives that are currently working for Māori, to inform policy, enabling responsive systematic change for tamariki Māori to flourish.

This work will support ongoing work led by DPMC on behalf of the Social Wellbeing Board to create a cohesive, whānau-centred early years system, including the development and implementation of a localised, whānau-led system learning approach that will build on the health sector early years reforms.

## **Our precious taonga (treasure)—our pēpi (baby), tamariki (children) and mokopuna (grandchildren)**

### **Te Ao Māori views of the first thousand days**

Research into life course approaches that consider the complex interrelationships between life stage, genes, environment and risk exposure, and later health outcomes, have received much attention (Barker, 1995; Morton, Atatoa-Carr, et al., 2010; Morton, Atatoa Carr, et al., 2010; Russ et al., 2014). The “first thousand days” is defined as the period from conception to the child’s 2<sup>nd</sup> birthday (Te Hiringa Hauora Health Promotion Agency, 2021), with several studies showing how crucial this time is for setting-up positive life course wellbeing trajectories (Morton et al., 2022). This definition of the first thousand days may seem at odds with Te Ao Māori perspectives of tamariki and whānau wellbeing, given that “the indigenous understanding of time and space as relative and fluid has become static under the absolute categories of colonising discourses. This notion of time, space and experiences is encoded in history, modern languages and science, influencing the way in which the individual understands the world” (Bae, 2021, p. 263). Still, Moewaka Barnes et al. (2013) explains that “a life course approach is not incompatible with Māori understandings that experiences throughout the whole of life and intergenerationally are drivers of health” (p.18). Within this report our team focused on the following life stages to define the parameters of the first thousand days; hapūtanga (pregnancy), pēpi (baby), and tamariki (up to 2 years of age).

Within Aotearoa, the first thousand days has been recognised as a key priority within the health sector. For instance, the Ministry of Health System Level Measures framework which aims to “improve health outcomes for people by supporting DHBs to work in collaboration with health system partners...” (Ministry of Health, para 1), has a focus on health initiatives that support work in the first thousand days space. Still, health programmes in general, have been largely focused on Western understandings of health, and the interventions that result are often designed, led, and implemented by non-Māori (Rollerston et al., 2020). Though the impacts of colonisation, racism, and historical trauma are still persistent within the contemporary New Zealand health system (Moewaka et al., 2019) there are Māori-led programmes and initiatives that are having success within their localities. Similarly, research initiatives “remain anchored to Western oriented values, processes and motivations” (Macfarlane & Macfarlane, 2019, p. 48).

## Te Ao Māori child rearing

In the last two decades, emerging research has provided an insight into traditional Māori childrearing practices. Herbert’s (2001) thesis titled *Whanau whakapakari: a Maori-centred approach to child rearing and parent-training programmes* extends on traditional Māori child rearing knowledge and details a Māori driven, and led, parenting programme. Highlighted below are three concepts central to Māori childrearing, whakapapa, creation story, and whānau, hapū and iwi.

At the core of Te Ao is whakapapa, involving the inter-relationships between generations (Durie, 1998; Jenkins & Harte, 2011; Moewaka Barnes et al., 2013; Rimene et al., 1998). Mahuika (2019) explains how, “the importance of whakapapa in the Māori world is paramount because it is considered crucial to assertions of Māori identity and tribal membership” (p. 1). Rameka (2021) describes whakapapa being fundamental to Māori ways of knowing and importantly, what it means to be Māori.

Connected to whakapapa is the creation story<sup>1</sup> beginning with Te Kore (the nothingness) then Te Po (the darkness) and then Te Ata (the light). Then came Ranganui (sky father) and Papatuanuku (earth mother). One importance of this creation story (and many

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<sup>1</sup> Variations to the story amongst different iwi, hapū and whānau.



whakatauki/proverbs and purakau/story telling) is the transmission of knowledge through the generations (Moewaka Barnes et al., 2013). The narrative of the creation story is a vehicle to better understand ways that family patterns and practices are enacted, “highlighting key tikanga (cultural values) relevant to childrearing and provides an example of the basic social unit of Māori society, the whānau” (Ware, 2014, p. 8).

Whānau Māori have diverse experiences and realities, however the concepts of whānau, hapū and iwi remain important for wellbeing. Within Te Ao Māori, these key structures can enable health and wellbeing. Whānau is the core unit that underpins Māori society, and can include up to three or four generations (Durie, 2001; Herewini, 2018). “Through whānau, Māori societal concepts and practices were both socialised and reinforced, providing the basis for learning about and imparting knowledge, values and beliefs...” (Moewaka Barnes et al., 2013, p. 22). Caregiving roles also extended beyond biological parents to include kuia (grandmother) and koroua (grandfather) and whaea (significant female figures) and matua (significant male figures) (Ware, 2014).

Hapū is often referred to as a sub-tribe, greater than the whānau unit but not as large as iwi. Gilchrist (2017) explains that hapū “...remain[s] a significant Māori social unit important both to relational and cultural wellbeing and connection. They interconnect closely with whānau and iwi sometimes with very little differentiation” (p. 13). Ballara (1998) describes iwi as being the larger tribe in which members are genealogically and politically connected. Hapū and iwi are slightly removed from whānau unit but remain integral to Māori identity and structure (Gilchrist, 2017).

These three concepts, whakapapa, creation story, and whānau, hapū and iwi, are central to understanding tamariki wellbeing from a Te Ao Māori perspective. The weaving of these three concepts provides an understanding of the “complexities that exist within Te Ao Māori and the layers linked within and across each other” (Moewaka Barnes et al., 2013, p. 21). Te Ao Māori concepts align to life course approaches. For instance, through the nurturing and protection of hapū māmā. What the māmā experiences, physically, emotionally, and spiritually, will pass through to pēpi. The circular dimension of Te Ao Māori, connecting the whenua (placenta) back to the whenua (land) after birth and then returning to the land after

death, provides another essential layer involving intergenerational relationships and influences.

Regarding tamariki wellbeing, Māori tamariki are regarded as taonga (treasure) with the bloodline of generations (Moewaka Barnes et al., 2013; Pihama et al., 2019). As taonga, whānau provide wrap around support, input, and oversight that are essential to tamariki wellbeing. Watson (2020) uses the metaphor of the pā harakeke (flax bush) to demonstrate the inter-relationship between, and dependence of, each generation and the next. As such, efforts to improve Māori wellbeing in the first thousand days should include the involvement of the different generations of whānau.

## **Tamariki wellbeing measures**

Tamariki wellbeing is intrinsically linked with whānau wellbeing. The Māori Affairs Select Committee (2013) acknowledge “the importance of collective identity for a Māori child is a first step in realising the potential of a whānau-centred approach to their wellbeing” (p. 5). Cram’s (2019) discussion paper on measuring Māori children’s wellbeing canvassed literature on tamariki wellbeing. Her findings indicate that much of the official statistics focused on *problems* rather than solutions, reflecting the use of official statistics to identify areas for government and policy intervention. Whilst Māori-led measures focused on the wider whānau and adults rather than tamariki.

Cram’s (2019) paper further criticises how statistics are manipulated and used to perpetuate the negative constructs of Māori experiencing poverty. Instead, Cram (2019) argues for a greater focus and consideration of the wider factors that contribute to Māori poverty statistics. This is echoed in the *Preventing, mitigating or solving child income poverty? The Expert Advisory Group 2012 report* whereby the authors argue that,

*a fuller consideration of the lived realities of Māori children, within the context of whānau, hapū, iwi and Māori communities...might provide a better description of Māori children and inform policy outcomes that recognise and facilitate Māori aspirations for the lives and wellbeing of tamariki*

(St John, 2013, p. 17).

Other Māori scholars such as Durie (2006) have explored how individual wellbeing supports the wellbeing of larger whānau collective. Cram (2019) emphasised the need for tamariki wellbeing indicators that are,

*framed within mauri, with three components of Māori children's thriving related to ihi [confidence and esteem a child has to move in the world—both te ao Māori and te ao hurihuri], wehi [something awesome— a response in reaction to ihi], and wana [excitement, verve and exhilaration]*

(p. 28).

Advocating for ihi, wehi, and wana can support tamariki to reach their full potential and uphold the aspirations of whānau wellbeing. Applying tamariki wellbeing measures such as these can support the design and development of responsive programmes and interventions. Herbert's (2001) thesis extends on the importance of tamariki (and whānau) wellbeing by exploring a Māori-centred approach to child rearing and parent-training programmes. Herbert (2001) identified that interventions and programmes need to "...maintain integrity but still be responsive to client needs" (p. 83).

## Objectives

As signalled earlier, the parameters and scope of the report, including the objectives, were predetermined prior to our team conducting the research. This report aims to identify health interventions focusing on potential success markers and areas to support and strengthen these. To achieve this aim, our team undertook a structured review of academic and grey literature to address the following objectives:

- identify evidence of how to support and improve the wellbeing of māmā hapū, pēpi, tamariki and whānau in Aotearoa focused on evidence in the first 1000 days,
- identify opportunities to enhance positive influences and capacity for māmā hapū, pēpi, tamariki, and whānau,
- assess the strength of the existing evidence, including the level of engagement of māmā hapū, pēpi, tamariki and whānau in the interventions described, and

- identify critical evidence gaps in relation to the wellbeing of māmā hapū, pēpi, tamariki and whānau across the critical and sensitive first 1000 days of the life-course.

## Methods

### Search strategy

Our search strategy was designed to identify health and/or social interventions that target Māori end-users during the hapūtanga, pēpi, and tamariki stages of life. The PRISMA guidelines were used to ensure a comprehensive and systematic approach to our reporting.

We used the 2009 PRISMA protocols to search the following electronic databases: New Zealand Index, Pub Med, and Scopus for publications between the 1<sup>st</sup> January 2000 and 31<sup>st</sup> December 2021. The following search terms were used: “Maori/Māori” AND “Aotearoa”. We then added the following search terms: AND “parenting” n=277; AND “antenatal” n=73; AND “pregnancy” n=368; AND “child health” n=2,209; AND “child wellbeing” n=749; AND “Hauora” AND “child” n=480; resulting in a total of n=4156 records.

We used Google Scholar and Google search engines to identify grey literature using the following terms: Māori, intervention, parenting, childrearing, antenatal, prenatal, tamariki, child, health, wellbeing, Hauora, holistic. This step allowed for a greater exploration of publications that may otherwise not be found within academic scholarship. Findings from these search engines identified additional records, see figure 1. Robust discussions around the inclusion and exclusion of papers were undertaken with the wider research team. Subsequently advice was sought from advisory group members for additional sources, though none were identified as meeting the search parameters.

## Inclusion and exclusion criteria

The inclusion criteria for this review were:

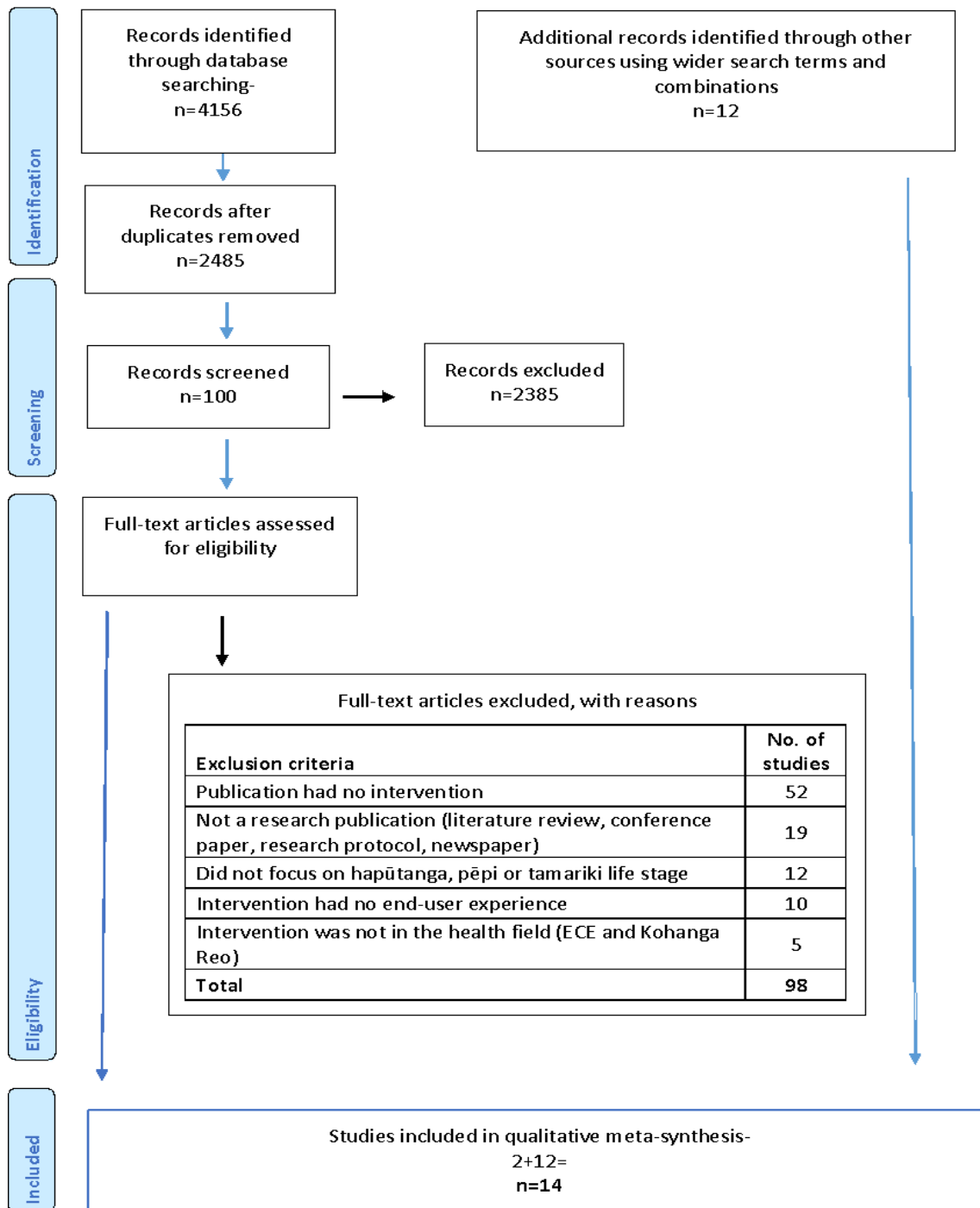
- Publication focused on the implementation or delivery of an intervention or programme,
- Focused on one or more of the following life course stages- hapūtanga, pēpi, and tamariki stages of life,
- The publication contained an end-user feedback component on the intervention or programme, i.e. interviews or surveys on the intervention.

Out of scope:

- Interventions outside of health and social service space, i.e. Kohanga Reo

## Study selection

Title and abstracts of records identified from database and individual journal searches were screened, and articles not meeting the eligibility criteria were excluded. The full text of potentially eligible papers was then reviewed by the first author, and only those meeting the eligibility criteria were included in the review. Further discussions were had with the wider researchers' team and advisory group.



## Analysis

Analysing the existing evidence from a Te Ao Māori perspective required a methodological approach that would privilege Māori understandings of the life course and tamariki wellbeing. This approach also supported a critical analysis of interventions in the first thousand days with respect to their alignment with Māori aspirations for whānau and mokopuna ora (King et al., 2022). Furthermore, as a research team made up of Māori and non-Māori researchers, who came to this project from different disciplinary backgrounds and experiences of living in Aotearoa, our ability to synthesise information to highlight “what works for Māori” required the creation of an analytical space that enabled Māori experience and expertise to be highlighted and upheld. To achieve this, our team undertook this project from a kaupapa Māori research positioning including an analysis of the literature that centred Māori cultural understandings and practices (Bishop, 1996), and ensured that the issues and needs of Māori were the focus, and outcomes, of our research (Smith, 1999). Our team understands that kaupapa Māori research often challenges “...prevailing ideologies of superiority, power relations and social practices that disadvantage Maori” (Walker et al., 2006, p. 334). As a result, our analysis also sought to highlight dominant discourses that impede Māori aspirations of wellbeing.

## He Pikinga Waiora Implementation framework

To support the review of evidence identified in our search we utilised the He Pikinga Waiora Implementation framework (HPW) to determine the extent to which evidence aligns with Te Ao Māori priorities, foregrounding the voice of Māori. The HPW was designed to support the development and implementation of health interventions into communities (Oetzel et al. 2018). At its core, the HPW has Indigenous self-determination, ensuring that implementation of interventions are grounded in practices of Indigenous decision making. The HPW can be used by, and applied to, both Māori and non-Māori communities. The HPW consists of four elements: Cultural Centeredness, Community Engagement, Systems Thinking, and Integrated Knowledge Translation, with a further eight principles- community voice, reflexivity, structural transformation and resources, community engagement, integrated knowledge translation, systems perspectives, system relationships, and system levels (Oetzel et al., 2018).

The use of this Indigenous framework aligns to the objectives of this report, with a particular emphasis on assessing intervention design and implementation to support researchers, practitioners, and public policy makers to create sustainable and effective intervention pathways to improve health for Māori communities (Beaton, 2017).

We used the HPW to analyse and synthesize data from the n=14 publications. A summary of each study is provided in table 1. Our team undertook an independent analytical process led by the first author; followed by robust collaborative discussions with the research team and advisory group members. From these discussions we were able to identify key themes relevant to our report objectives. We did this in three steps:

- Step 1: Analysis of data using the HPW rubric metric scoring system.

Table 2 shows the studies measured against the HPW criteria rubric (see appendix one). The following scores were allocated to each study- High, Medium, Low, Negative or Unknown. Some publications were allocated a score of 'unknown' as information was not available. Most often due to the scope of the study, the nature of the study, and/or the parameters of the publication type, i.e. a journal article with a word limit. In particular, Cope's (2018) journal article was unable to be assessed against the HPW framework. The study met all the inclusion criteria for this review, however the nature of the study, i.e. a case-study personal reflection, limited the extent to which we could assess the publication against the HPW principles.

- Step 2: Qualitative synthesis of studies assessed against the HPW

A qualitative synthesis was then completed to compliment the scoring systems, providing additional information into how we scored each study and key features of each principle.

- Step 3: Discussion of data against the four objectives.

Finally, we used the results from our analysis (tables 2 and 3) to align discussion with the report objectives.



# Results

## Summary of studies included in the review

A total of n=14 studies met our search parameters and were included in the analysis. Publications consisted of n=6 evaluation reports, n=5 journal articles, and n=3 thesis. Studies ranged in date from 2001 to 2021. N=10 had interventions that focused on two or more stages of the first thousand days (hapūtanga, pēpi, and tamariki), n=3 studies were specifically targeting the hapūtanga stage, and n=1 study specifically targeted the pēpi stage. Table 1 is a summary of each study, in alphabetical order, which includes authorship details, publication type, intervention type, and description of the publication.

Table 1- Summary of studies included in review

No.	Authors and year	Publication type	Intervention type	Description
1	Abel et al. (2015)	Journal article	Wahakura	The wahakura: a qualitative study of the flax bassinet as a sleep location for New Zealand Māori infants.
2	Cope (2018)	Journal article	Ngā Tau Mīharo o Aotearoa – Incredible Years Parenting Programme Social Impact Report	Evaluates the Incredible Years (IY) parent programme, which aims to support positive parenting through developing communication with a specially developed Māori framework which can be applied when working with whānau. Considers the value of manaakitanga in the evaluation. Presents a case study of a frontline observation of the programme and manaakitanga in action, concluding that it is the values that make the programme.
3	Cvitanovic et al. (2014)	Evaluation report	Jigsaw whanganui’s White Water Years Parenting Programme	Aims to strengthen the parenting skills and knowledge of those parenting adolescents.
4	Gifford and Pirikahu (2008)	Evaluation report	Tips and Ideas on Parenting Skills (TIPS) Parenting Programme,	TIPS is a parenting skills development programme that has been developed over a number of years by Far North REAP. This parenting programme is an entry-level course providing an opportunity for parents to build confidence and learn parenting skills. The programme is broadly based on modifying parenting behaviours and influencing attitudes.
5	Hawaikirangi (2021)	Thesis	Hapū Wānanga	Hapū Wānanga is a kaupapa Māori antenatal education programme.

6	Herbert (2001)	Thesis	Whānau Whakapakari	The goal of this Whanau Whakapakari (Strengthening Families) research was to define critical aspects of Māori experiences and views on child-rearing practices, and to describe whanau (extended family) values and expectations for tamariki (children) and mokopuna (grandchildren). Furthermore, these Māori views were included in culturally adapted parent-training programmes.
7	Kairua Innovation et al. (2021)	Evaluation report	Heru & Hapū Māmā Programme	The Heru & Hapū Māmā Programme was designed by KaiRua to support pregnant Māori women to abstain from smoking.
8	Keown et al. (2018)	Journal article	Triple P-Positive Parenting Program for Indigenous Māori Families	A Collaborative Participation Adaptation Model (CPAM) was used to culturally adapt a low-intensity, two session group variant of the Triple P-Positive Parenting Program for Māori parents of young children in New Zealand. CPAM involved collaborating closely with Māori tribal elders, practitioners as end-users, and parents as consumers through a participatory process to identify content and delivery process used in Triple P that would ensure that traditional Māori cultural values were incorporated. The culturally adapted program (Te Whānau Pou Toru). Te Whānau Pou Toru: a Randomized Controlled Trial (RCT) of a Culturally Adapted Low-Intensity Variant of the Triple P-Positive Parenting Program for Indigenous Māori Families in New Zealand
9	Lakhotia (2019)	Evaluation report	Ngā Tau Mīharo o Aotearoa – Incredible Years Parenting Programme Social Impact Report	Evaluates the Incredible Years (IY) parent programme, which aims to support positive parenting through developing communication with a specially developed Māori framework which can be applied when working with whānau. Considers the value of manaakitanga in the evaluation. Presents a case study of a frontline observation of the programme and manaakitanga in action, concluding that it is the values that make the programme.
10	Livingstone (2002)	Evaluation report	Whānau Toko I Te Ora	Whanau Toko I Te Ora is a national parenting programme for Māori whānau delivered under the auspices of Te Ropu Wahine Māori Toko I Te Ora (the Māori Women's Welfare League).
11	Masters-Awatere and Graham (2019)	Journal article	Harti Hauora Tamariki	Whānau Māori explain how the Harti Hauora Tool assists with better access to health services.
12	Quigan et al. (2021)	Journal article	Parenting programme using He Awa Whiria/ The Braided Rivers	Utilising Kaupapa Māori research methods, this study describes a critical reflective narrative of a community-led parenting programme that makes space for whānau to re-centre Indigenous linguistic and cultural practices.
13	Rawiri (2001)	Thesis	Ukaipo Stop Smoking Wānanga	This strengths-based study investigated key factors that motivated hapū māmā through the Ūkaipō wānanga; a Kaupapa Māori initiative, designed to specifically

				support hapū māmā to realise their inherent potential as they begin their journey towards starting and sustaining smokefree lives for themselves, their pēpi and their whānau.
14	Woodley (2020)	Evaluation report	Mana Whānau programme	The Mana Whānau theory of change contends that there is an opportunity to prevent tamariki from entering or remaining in foster care by providing intensive in-home support, reducing immediate risk, addressing and removing stressors identified by the whānau, building parenting capability and capacity, and strengthening natural and community supports.

## Analysis of data using the He Pikinga Waiora rubric metric scoring system

Table 2 shows the results of our scoring against the HPW rubric metric criteria. We encourage you to read this alongside the HPW criteria to better understand the definitions and criteria for each principle and corresponding rating (see appendix 1).

Table 2- Studies measured against the He Pikinga Waiora Implementation Framework

Study	Cultural Centredness			Community Engagement	Integrated Knowledge Translation	Systems Thinking		
	Community Voice	Reflexivity	Structural Transformation and Resources	Community Engagement	Integrated Knowledge Translation	Systems Perspectives	Systems Relationships	System Levels
Abel et al. (2015)	HIGH <sup>2</sup>	HIGH	MEDIUM	HIGH	HIGH	HIGH	HIGH	HIGH
Cope (2018)	This study focused on the concept of manaakitanga and its role in an evaluation of the Incredible Years parenting programme (from the USA). As this is a reflective piece, with one case study, there is limited detail about the intervention. Therefore, we are unable to provide a score using the HPW.							
Cvitanovic et al. (2014)	HIGH	HIGH	HIGH	HIGH	MEDIUM	HIGH	HIGH	HIGH
Gifford and Pirikahu (2008)	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
Hawaikirangi (2021)	HIGH	UNKNOWN	MEDIUM	HIGH	HIGH	HIGH	HIGH	HIGH
Herbert (2001)	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
Kairua Innovation et al. (2021)	HIGH	UNKNOWN	MEDIUM	HIGH	HIGH	HIGH	HIGH	HIGH
Keown et al. (2018)	MEDIUM	HIGH	UNKNOWN	HIGH	HIGH	HIGH	HIGH	HIGH
Lakhotia (2019)	MEDIUM	UNKNOWN	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
Livingstone (2002)	UNKNOWN	UNKNOWN	UNKNOWN	HIGH	UNKNOWN	HIGH	HIGH	HIGH
Masters-Awatere and Graham (2019)	UNKNOWN	UNKNOWN	MEDIUM	UNKNOWN	HIGH	HIGH	HIGH	HIGH
Quigan et al. (2021)	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
Rawiri (2001)	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH
Woodley (2020)	UNKNOWN	UNKNOWN	HIGH	MEDIUM	HIGH	HIGH	HIGH	HIGH

<sup>2</sup> High scores were allocated based on the HPW criteria, however, we were unable to determine the extent of 'end-user' and/or Māori involvement.

## Qualitative analysis and synthesis of studies assessed against the He Pikinga Waiora Implementation framework

Table 3 is a synthesis of the how each study relates to the corresponding principle. This table also provides a rationale for the score rating received in Table 2.

Key terms used in synthesis:

- Researchers - Those undertaking the study or evaluation
- Community - Health providers, organisations, and/or key stakeholders (elders, whānau, community members)
- End-users - Intended users of the intervention

Table 3- Qualitative synthesis of studies assessed against the He Pikinga Waiora Implementation framework

Authors	Intervention type and study summary	Cultural Centredness	Community engagement	Integrated Knowledge	Systems thinking
Abel et al. (2015)	<p>Wahakura (flax bassinet) a safe infant sleeping device.</p> <p>The journal article explored what factors determine the apparent acceptability of the wahakura as an infant sleeping device to Māori mothers and other key Māori community stakeholders.</p>	<p>The wahakura intervention is a solution from Māori communities to a myriad of health problems that both communities and health agencies have identified.</p> <p>This study is part of a larger randomised control trial to determine the interventions' safety, to make subsequent structural change to be sustainable over time.</p>	<p>Community engagement has been prominent throughout the intervention's conception and implementation. The study further confirms end-user acceptability of the intervention.</p>	<p>Participants noted a range of factors that added to the acceptability of the intervention. These factors both reaffirmed and contributed to new learnings, demonstrating a bi-directional learning.</p>	<p>The intervention involved numerous stakeholders including end-user mothers and whānau, community members and elders, and wahakura weavers (makers of the wahakura).</p>
Cope (2018)	<p>This study focused on the concept of manaakitanga and its role in an evaluation of the Incredible Years parenting programme (from the USA). As this is a reflective piece, with one case study, there is limited detail about the intervention. Therefore, we are unable to provide an analysis of the study using the HPW framework.</p>				
Cvitanovic et al. (2014)	<p>White Water Years Parenting Programme.</p>	<p>The White Water Years Parenting Programme was developed locally by a not for profit organisation severing both the Māori and non-Māori population.</p>	<p>The intervention has had internal review processes to enhance the programme however a formal evaluation was identified as a means of understanding how best to</p>	<p>Findings from the evaluation reflected the positive contribution the intervention is making to participants though there are areas of suggested improvement and evidence</p>	<p>The intervention developers assert that the programme is underpinned by Western science however have made considered attempts to provide culturally responsive solutions, such as the</p>

		<p>Although the intervention was initiated locally, the intervention has been developed, and is delivered, within a mainstream or Pākeha context, for more than ten years. It is funded by the Ministry of Social Development.</p> <p>The provider successfully sought funding for an evaluation to be conducted by an independent kaupapa Māori organisation.</p>	<p>meet the needs of end-users.</p> <p>Subsequently, researchers used a process and outcomes evaluation process designed in partnership with the intervention developers. A rubric metric was used to assess the extent of participant acceptability to the intervention. These results provided recommendations for future considerations of the intervention.</p>	<p>that some parenting knowledge may not be translating for end-users.</p>	<p>piloting of a separate Māori-centred parenting programme. Resources are currently focused on the White Water Years Parenting Programme.</p>
Gifford and Pirikahu (2008)	Tips and Ideas on Parenting Skills (TIPS) Parenting Programme.	<p>The community identified a need for a responsive parenting programme to compliment a wider Health Research Council funded tobacco control intervention research project.</p> <p>The development, implementation and evaluation of the intervention was driven by, for, and with the community.</p> <p>The research and intervention team identified sustainable resourcing and funding as a key imperative</p>	<p>Community engagement was demonstrated at all stages of the intervention process. Stakeholders included Māori and non-Māori local parenting providers, Ngati Hauiti whānau, research team, and wider community members.</p>	<p>Comprehensive scoping of end-user needs and formal background research into current parenting programmes resulted in an intervention tailored to the needs of the community and end-users.</p>	<p>The intervention encompasses multiple perspectives and system levels.</p> <p>The researchers demonstrated systems thinking acknowledging a range of challenges they faced when developing and implementing the intervention.</p>

		to the ongoing success of the intervention.			
Hawaikirangi (2021)	<p>Kia Wana Lakes Baby Service Hapū Wānanga- antenatal education.</p> <p>The thesis explores how participants experience wellbeing within the Kia Wana Lakes Baby Service Hapū Wānanga.</p>	<p>Hapū Wānanga was created and developed by experienced Māori midwives in the Midlands region after consultation with health kaimahi (workers), project managers, koroua/kuia, and design and consumer representatives.</p> <p>Hapū Wānanga is led by experienced Māori midwives and was designed for young wahine hapū and their whānau but attendance is open to both Māori and non-Māori.</p> <p>The research team evaluated the Hapū Wānanga intervention after its implementation in the community.</p>	<p>The research team approached the Hapū Wānanga facilitators after identifying a gap in published literature on holistic antenatal education.</p> <p>The research team undertook qualitative interviews with three participants, identifying key qualities of the Hapū Wānanga that were of importance.</p>	<p>Bi-directional learning featured prominently throughout participant feedback. Knowledge was shared by community leaders, participants and programme facilitators throughout the intervention.</p>	<p>Evidence of multiple systems perspectives and systems relationships was identified by the inclusion of specialists such as nursing, Māori midwives, community service providers, and local kuia and kaumātua. This collaborative approach aimed to provide holistic wrap around support for participants.</p> <p>The system level elements was recognised by participants, noting the intergenerational approach in the community as a successful indicator.</p>
Herbert (2001)	Whānau Whakapakari programmes	<p>The study focused on the development of Whānau Whakapakari programmes which was developed through interviews and focus group sessions with members of the local Māori community, namely kaumātua and kuia (elders).</p> <p>This knowledge was then incorporated into two</p>	<p>The development of the Whānau Whakapakari programme and its implementation into existing parenting programmes has had extensive community engagement. This endorsement has attributed to the high engagement and participation rate.</p>	<p>The intervention team demonstrated consideration to ensuring the intervention was meaningful to the programme attendees, not just in terms of knowledge imparted but in terms of social and cultural validity also.</p>	<p>In-depth detail has been provided on systems thinking, including differing perspectives i.e. Western and mātauranga Māori. Relationships and roles between end-users, community organisations, and government agencies, as well as how they impact end-users, was evident throughout the study.</p>

		existing parenting programmes, Māori Women's Welfare League Parenting and Life Skills Programme, facilitated by volunteer staff. Prior to this, no formal parenting packages were offered.			
Kairua Innovation et al. (2021)	<p>Waikato Heru &amp; Hapu Mama program to reduce smoking.</p> <p>The evaluation report of a pilot project aims to test the acceptability and potential efficacy of an intervention combining traditional and contemporary communication technologies to reduce smoking while pregnant among Māori women.</p>	<p>Heru &amp; Hapū Māmā is an intervention led by a Māori Innovator to support positive maternal totality.</p> <p>Funding was provided by the Ministry of Health for pilot of the programme however long-term funding and sustainability was noted as a recommendation.</p>	<p>The intervention team is comprised of Māori health workers with a vast knowledge of maternal and child health. Partnerships have also been identified with several Māori stakeholders. However, it is unclear the extent to which end-user input was used to develop the intervention.</p>	<p>The intervention engaged hapū māmā avenues such as social media, radio, and existing relationships with antenatal providers. The intervention was endorsed by community leaders thus a high-level of engagement.</p>	<p>Different stakeholders contributed knowledge and expertise to the intervention and incorporation of multiple perspectives received positive responses from end-users at the completion of the programme.</p>
Keown et al. (2018)	<p>Te Whānau Pou Toru: a Māori adapted Triple P-Positive Parenting Program.</p> <p>The journal article aimed to evaluate the efficacy of Te Whānau Pou Toru, for Māori parents.</p>	<p>Based on successful adaptations in Australia, a Collaborative Participation Adaptation Model (CPAM) was used to adapt the Triple Program with Ngāti Hine in Northland Aotearoa.</p> <p>The intervention had clear involvement from community however whether the community had a say in the definition of the problem and choice of solution is unclear.</p>	<p>Partnership between Triple P program owner and developer, tribal elders, practitioners, parents, and end-users, was evident.</p> <p>The collaborative partners also worked together to develop adjunct resources reflecting the Triple P principles and the tikanga of Ngāti Hine</p>	<p>Māori knowledge and Triple P principles were used together to develop and deliver relevant information and resources for end-users.</p>	<p>The intervention was tailored for the specific needs of the community it was serving. There was no mention whether these efforts led to sustainability, though funding was provided by the Ministry of Health for the research component.</p>



<p>Lakhotia (2019)</p>	<p>Ngā Tau Miharo o Aotearoa Incredible Years Parenting (IYP) programme.</p> <p>The report evaluated the effectiveness of the IYP intervention for Māori using a Social Return on Investment (SROI) framework.</p>	<p>The IYP is an internationally developed programme funded by the Ministry of Education (MoE) to be culturally responsive to Māori. The Werry Centre-Whakaraurau developed a series of resources to support leaders to deliver the IYP programme.</p> <p>Māori provider- Te Whānau o Waipareira adapted the IYP programme and have been delivering Ngā Tau Miharo o Aotearoa for six years.</p> <p>Te Whānau o Waiparerira initiated and commissioned the independent analysis (evaluation report).</p>	<p>The evaluation of the intervention had strong community engagement, led and driven by Waipareria Management Steering Committee and coordinating staff of the IYP programme.</p> <p>Stakeholder engagement was highlighted as essential and a number of key stakeholders were identified, including community, parents/caregivers, children, facilitators, Te Whānau o Waipareira and Government agencies.</p>	<p>Key stakeholders emphasised high praise and value of the intervention.</p> <p>Using the knowledge and expertise of the facilitators was evident in the targeted delivery of the intervention, activities and responsive resources designed for intended participants.</p>	<p>The intervention used a holistic approach that encompassed multiple perspectives, world views and values.</p> <p>Relationships between, and with, multiple agencies were noted.</p>
<p>Livingstone (2002)</p>	<p>Whānau Toko I Te Ora</p>	<p>Detail on initial intervention design and development is limited due to the scope of the evaluation. However, the intervention has been delivered under the auspices of Te Ropu Wahine Māori Toko I Te Ora (the Māori Women's Welfare League). The intervention was first trialled in 1999 in three locations and was expanded to a further three sites by 2002.</p>	<p>The researcher used interview data from sixteen whānau and cross matched with their personal database information captured by kaiawhina (staff working with whānau).</p> <p>The intervention is rendered by local kaitiaki and kaiawhina, with a good knowledge of the communities which they serve.</p>	<p>The research focused on whānau change but it is unclear whether the intervention has caused the changes.</p> <p>However, the intervention centres on the goals and needs of end-users and kaiawhina creating an environment for them to thrive with knowledge and practical resources.</p>	<p>The intervention team demonstrated systems thinking by tailoring the intervention to encompass wide-ranging, individualised support, whilst also involving other community services.</p> <p>The whānau-led approach of the intervention aims to influence change at the macro, micro, and meso levels.</p>

		After an initial evaluation was conducted of the three original sites, a subsequent evaluation was undertaken.			
Masters-Awatere and Graham (2019)	Harti Hauora Tamariki holistic assessment tool.  The journal article explores how the intervention has improved interactions with health services for whānau Māori.	Detail of the initial design, development and implementation of the intervention was out of scope of the paper, and therefore unknown.	Evidence of community engagement was demonstrated through the partnership between paediatric medical team and research assistances, however the extent of this engagement, within and amongst other stakeholders, is unclear.	In-depth qualitative interviews were undertaken with whānau from both the control group (received usual care) and those that received the intervention.  Though there is no evidence that participants had direct involvement in the intervention design, they were able to provide insight and highlight learnings that either strengthened or affirmed the responsiveness of the intervention.	The intervention encompassed a holistic approach to tamariki wellbeing. The intervention involved Māori research assistants to coordinate numerous services that whānau identified as important.
Quigan et al. (2021)	Talking Matters to Tāmaki (TMTT)	TMTT is a partnership between the wider Talking Matters initiative and the Glen Innes Family Centre. Each organisation contributes to the funding and shares decisions about future directions. A small group of local women from East Auckland (Tāmaki), who challenged top-down, expert-driven programmes and initiatives in their community, agreed to	The study employed kaupapa Māori research and coaches were engaged as co-researchers, invested in the emancipatory potential of community-led research. This led to a high level of community engagement in the development, implementation, and evaluation of the intervention.	The knowledge transmitted to, and with end-users, had wide ranging acceptance and endorsement with whānau communicating learnings to other whānau outside of the locality. The information shared also connected end-users with a sense of past and current times, a positive response to the intervention.	TMTT incorporated the use of multiple knowledge systems and approaches, including the blending of mātauranga Māori, Western science, and Pacific ways of knowing and being.

		collaboratively design a linguistically and culturally sustaining initiative for local whānau/families and their young children.			
Rawiri (2021)	<p>Ūkaipō- tailored smoking cessation support for Māori pregnant wāhine.</p> <p>The thesis evaluated whether the Ūkaipō Stop Smoking programme contributed to the motivation for hapū māmā to start and sustain their journey to be smoke-free.</p>	<p>This thesis provides a detailed overview of how the intervention was designed, developed and implemented for the community.</p> <p>The need for a responsive smoking cessation programme was identified by key community stakeholders and a series of hui to design and develop the intervention was undertaken.</p> <p>Emphasis was put on the programme needing to be acceptable for Māori and incorporate all things Māori.</p>	<p>Community stakeholders had a central role in the design and delivery of the intervention, and during the implementation stage.</p> <p>Qualitative interviews with hapū māmā provided an insight into the realities of those who had been through the programme, contributing to the continuous improvement of the intervention.</p>	<p>The programme was built on Māori knowledge systems and understandings and was present throughout the intervention.</p> <p>The intervention leveraged off the expertise of kaumātua (elders) who had active roles both in the design and delivery of the intervention.</p>	<p>The community initiated the smoking cessation programme pilot and funding was subsequently provided.</p> <p>Though the priority for the community was to get funding to pilot the intervention, there was evidence that the community and research team had recognised the need for programme sustainability. Therefore, systems were put in place to ensure the programme could grow and be sustainable. E.g., the use of intentional feedback loops (surveys) from end-users to identify the needs of each hapū māmā.</p>
Woodley (2020)	<p>Mana Whānau is an intensive, in-home parenting support programme.</p> <p>The report evaluates the first two years of the Mana Whānau programme.</p>	<p>Initial details of the intervention design and development are limited, however after a successful pilot in 2017 the programme was scaled up and adopted in another area.</p>	<p>The intervention received positive responses from some participants, though others noted a feeling of obligation to participate or face consequences for non-engagement.</p>	<p>Interviews with participants were conducted three months into the programme, at the completion of the programme (six months) and six months after completing the programme.</p>	<p>The partnership involved numerous government agencies and community health and social services. Kaimahi were able to coordinate the numerous services and assist whānau in identifying services of relevance and importance to</p>

		<p>It is also noted that a kaupapa Māori practice framework is close to finalisation suggesting a Māori framework was not used in the initial stages of conception.</p> <p>Though the extent to which community voice was used in the development of the intervention is unclear, the intervention uses a whānau-led approach.</p>		<p>The intervention encompasses a degree of agility to which kaimahi can meet the specific goals and supports of participants, providing responsive and relevant information.</p>	<p>them, addressing multiple causes and solutions.</p>
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# Discussion

## Evidence of how to support and improve the wellbeing of māmā hapū, pēpi, tamariki and whānau in Aotearoa focused on evidence in the first 1000 days

The results of studies measured against the HPW showed a 'high' score consistency in relation to 'integrated knowledge translation' and 'systems thinking' principles. This means most studies included in this review demonstrated that the intervention provided relevant and responsive information to their end-user participants and considered multiple causes and potential solutions at the macro, micro, and meso levels. Systems thinking, as defined in the HPW, are consistent with holistic approaches to health and wellbeing, whereby high systems thinking has a collective focus on health issues and potential solutions rather than siloed approaches.

Most studies had a high level of community engagement in the (re) design of interventions, which contributed to the positive experiences of participants. However, there are discrepancies across studies, due to a lack of information supplied, regarding whether end-users and/or Māori were involved in the initial development stages of interventions. For instance, studies may not have provided information on how the intervention was first developed (Livingstone, 2002; Masters-Awatere & Graham, 2019; and Woodley, 2020). Whilst other studies had a pre-designed intervention (most often from overseas) and then imposed into a community for cultural adaptation and modification (Cope, 2018; Keown et al., 2018; and Lakhotia, 2019;).

A key consequence of the enactment of culturally adapted programmes is that the dominant Western paradigm will be privileged, and the cultural aspect will be seen as the 'other'. As Bae (2021) concludes, "...the discourse in the Incredible Years (re)produce colonising values and assumptions, reinforcing the privileged knowledge of the West in parenting... this approach to parenting constructs those who do not fit into the norm as 'the Other' and normalises/reinforces conformity to the dominant culture in this context." (p. 254). While all programmes aimed to support Māori and Pacific families, the underlying and dominant values

of Western and Euro-centric paradigms take precedence over Te Ao Māori knowledge systems.

Our results support this view and highlight that international models are commonly used within Aotearoa and often considered the “gold-standard” when it comes to parenting programmes. Interventions such as the Incredible Years Programme (IYP) are funded by government departments, and subsequently adapted for/with Māori providers to meet end-user needs. Although some Māori providers may prefer to use an international model and tailor it to their community, there are current interventions that are Māori designed, driven, and led that are not necessarily afforded the same opportunities to become sustainable.

### **Evidence on opportunities to enhance positive influences and capacity for māmā hapū, pēpi, tamariki, and whānau**

Supporting Māori community led and driven interventions and providers will support māmā hapū, pēpi, tamariki, and whānau, yet our review shows that most Māori-initiated interventions lacked long-term and sustainable resourcing and/or funding. Supporting providers to develop and grow interventions is an important opportunity for Government to enable positive transformational change for whānau. One way to strengthen this mahi (work) is by ensuring there are opportunities for providers to plan for the formal evaluation and monitoring of these initiatives from the outset. Our review identified that those providers who wish to undertake an evaluation of their intervention must find funding from external agencies. This puts undue pressure on already overextended providers leaving only providers with the capacity and ability to undertake evaluations of their programmes able to function in an on-going manner.

Providing support (i.e. expertise and financial) for evaluation of interventions designed by and for Māori also provides an opportunity to share learnings and knowledge with other iwi, and wider communities in Aotearoa. Although the primary purpose of evaluation is to document a programme or interventions performance and value (which is important for obtaining ongoing funding), programme evaluation reports also provide rich material that could be shared with other communities, to support collaboration between providers and multiple government agencies, as well as for hapū and iwi development. Sharing exemplars and key

learnings could also boost capacity and understanding of how to design and implement successful Māori-led initiatives.

### **The strength of the existing evidence, including the level of engagement of māmā hapū, pēpi, tamariki and whānau in the interventions described**

From the evidence that has been gathered in this report, extensive community engagement and community driven solutions resulted in positive end-user feedback. Even studies that may not have had Māori partnership or collaboration in the design stages but displayed strong Māori collaboration during the implementation stage, received positive responses.

The use of HPW provided an insight into the literature on service delivery. As showcased in table 2, studies across the board scored high. This may be because of the intervention having a strong Māori focus. Therefore, aligning with the principles of the HPW. Whereas studies that were excluded in our literature search may have yielded low scores. Still, the information of whether authentic collaboration and partnership with Māori was undertaken in the intervention design stage was difficult to determine. This does not necessarily mean that genuine partnerships did not occur. Rather, insufficient information to make that determination was provided in the studies. This was a limitation on the literature rather than the health intervention.

### **Critical evidence gaps in relation to the wellbeing of māmā hapū, pēpi, tamariki and whānau across the critical and sensitive first 1000 days of the life-course**

Some of the studies included in this review have reinforced deficit framing of Māori, and Māori parenting practices. For instance, the use of terms such as ‘high-risk’ to describe Māori and Pacific families and the suggestion that parenting programmes are required in order to ‘help’ improve child wellbeing, reinforces the notion that Māori are inferior and they cannot help themselves. Houkamau et al. (2016) explain the severe implications being labelled ‘high-risk’ and ‘vulnerable’ can have on Māori, impeding engagement with health services and serving to reinforce a negative sense of self. It also suggests that the “risks” are somehow

inherent to the families themselves and makes invisible the riskiness that exists for whānau Māori living in colonial and racist societies. The continued deficit framing also reaffirms the assumption that Māori parenting solutions may not be as effective as “evidence-based” international parenting programmes. If Māori designed interventions were valued then they would have a better, and fairer, opportunity to gain recognition and investment.

A key point raised in one study was how parents/whānau often lack choice when it comes to participating in an intervention. Māori lack choice in two areas, lack of available interventions and forced participation in programmes. The former pertains to Māori whānau and communities lacking choice when ongoing investment is made for internationally developed programmes. For instance, some whānau do not get a choice of whether to attend an Incredible Years Programme or a kaupapa Māori programme. This is apparent in midwifery care when Māori māmā lack options to access a Māori midwife. The Waitangi Tribunal’s (2019) *WAI 2575 Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* report presents evidence that despite the obligations of Te Tiriti o Waitangi, one reason for the lack of Māori health care services is a result of ongoing failures in investment processes determined by Government agencies.

The latter point regarding lack of Māori choice, involved the forced participation of an end-user in a parenting programme. This study highlighted that participant engagement in the intervention was a forced decision because failure to engage would potentially result in the removal of their tamariki. This participant articulated their reluctance both during and after the intervention and only interacted due to fear of severe repercussions. This issue has particular relevance in the broader discussion of informed consent and marginalised communities who have little access to power (Smith, 2006). Smith (2006) further explains that “vulnerable populations are marginalised from power but are considered particularly vulnerable because they have even less individual agency to provide informed consent” (p. 8). Interventions that seek to change behaviour, rather than provide an opportunity to create a space or support system that prioritises whānau and tamariki wellbeing, reinforce dominant ideologies that Māori are inferior. Parenting programmes that support systems to create access to knowledge and practices for whānau ora, rather than as a punitive measure, align to the principles of kaupapa Māori and are valued by end-users (Barrett et al, 2022).



## What works to support wellbeing in the first thousand days?

Based on the findings discussed in this report we have identified several key factors that work to support tamariki wellbeing in the first thousand days.

1. **Interventions that demonstrated high systems-level thinking**, as outlined in the HPW. The interventions included in this review all had a holistic or whānau-led approach, encompassing wider solutions to addressing health issues beyond individual behaviour.
2. **Māori-led, Māori controlled and kaupapa Māori interventions**. Though not all the interventions included in this study were genuinely kaupapa Māori (as some interventions were not initially by Māori, for Māori), all studies had aspects of Māori collaboration and input. The impact Māori input had on all interventions resulted in overall positive responses from participants. One study highlighted the appreciation of Te Reo Māori by kaimahi as a key factor in participant endorsement. Others enjoyed the use of kaumātua (elders) as part of the intervention delivery. Barrett et al (2022) emphasise how a kaupapa Māori antenatal wānanga received overwhelming participant endorsement and praise because of its authentic Māori design and delivery. The strengths-based approach and empowering design support the idea that Māori-led and controlled interventions can support tamariki wellbeing.
3. **End-user involvement**. Feedback from each study had end-user feedback, however it was not always clear whether the feedback contributed to the initial design of the intervention, and/or future amendments. Still, the end-user feedback clearly indicated what end-users valued, as well as did not value, in the corresponding intervention. These findings can be shared widely to form the basis of core requirements for interventions and programmes.
4. **Inclusion of Māori providers to determine what success looks like and how outcomes can be measured**. Most of the evaluation reports reviewed were undertaken at the request of the providers delivering the intervention to determine how effective their programme is for Māori end-users. A kaupapa Māori evaluation was especially valued by some intervention providers.

## Limitations

There are a number of limitations that should be kept in mind. Firstly, the project was narrowly defined and scoped to meet the timeframe for delivery. Our team acknowledges that this may have limited the range of initiatives that were able to be included as the methods used required programmes to be published and publicly available.

It should be noted that Te Ao Māori perspectives are diverse and multiple, existing within a broad intergenerational knowledge system known as mātauranga Māori. Whilst the kaupapa Māori methodological approach used by our team privileged Māori world views, the conventions of Western scholarship regarding what entails an academic publication and databases that exclusively rely on structured review processes do not necessarily support the identification of a broad range of evidence that reflects Māori approaches to enhance tamariki wellbeing in the first thousand days. Still, as found in our review of the evidence, we hope that this work leads to more in-depth consideration and engagement with providers to understand the range of options that are available, and a widening of what is considered to be “gold standard” evidence when it comes to policy and decision making in tamariki wellbeing spaces.

Finally, the evidence provided in this report provides insight into first thousand days interventions with a specific focus on Māori. However, our search revealed a need to canvas a wider range of publication sources and to search in locations beyond academia. For instance, Hawaikirangi (2021) concludes that “no previous research has explored how whānau experience wellbeing through Hapū Wānanga” (p. 11). Yet, a google search of hapū wānanga classes (or similar) shows more than a dozen are currently operating throughout Aotearoa, some for more than ten years.

A reliance on academic scholarship eliminates a large knowledge base of information. Despite n=4156 possible articles, only n=2 met our search criteria. The lack of literature found in academic databases resulted in our team extending the search to include Google websites, Government department websites, and conversations with our expansive networks to ensure inclusion of all relevant literature. A further n=12 publications were added to our review; n=6 evaluation reports, n=3 journal articles, and n=3 thesis.

A brief search using Google and Facebook revealed a wealth of community programmes and interventions, some of which are reported in table 4. There are clearly several interventions here that can potentially contribute to our understanding of what works to support wellbeing in the first thousand days.

*Table 4- Quick search of community programmes through Google search engine and Facebook*

<b>Intervention type</b>	<b>Source location</b>	<b>Programme name/service</b>
Parenting	Website	Kaiarahi Child services
Parenting for tamariki aged (3-8yrs)	Website	Incredible Years Parenting Programme
Hapūtanga, pēpi and tamariki aged (0_3yrs)	Website	Poipoia te Mokopuna
Infant and tamariki	Website	Tamariki Ora
Whole whānau support	Website	Family and whānau support
Tamariki (3-8yrs)	Website	Incredible years Ngā Tau Miharō
Pēpi (0-3yrs)	Website	Te Tipu Pa Harakeke
Parenting	Website	Triple P (Positive Parenting Programme)
Parenting	Website	Haakuitanga Haakorotanga Parenting Programme
Parenting programme	Website	Haakuitanga Haakorotanga Māori Parenting Programme
Hapūtanga (antenatal classes) or parenting	Website	Te Ao Hou Trust
Hapūtanga (antenatal classes) or parenting	Website	Te Ha Ora
Hapūtanga (antenatal classes) or parenting	Website	Kaupapa Māori Antenatal and Kaiāwhina Education (MAKE)
Hapūtanga (antenatal classes) or parenting	Website	Whānau Mai – Antenatal Education
Hapūtanga (antenatal classes) or parenting	Website/Facebook	Whirihia Te Korowai Aroha
Hapūtanga (antenatal classes) or parenting	Website/Facebook	Hapū Wānanga Ki Tainui
Hapūtanga (antenatal classes) or parenting	Website/Facebook	Hapū Wānanga Nelson
Hapūtanga (antenatal classes) or parenting	Website/Facebook	Hapū Wānanga Taranaki
Hapūtanga (antenatal classes) or parenting	Website/Facebook	Hapū Māmā Rotorua
Hapūtanga (antenatal classes) or parenting	Website/Facebook	Ngāti Whatua Orakei
Hapūtanga (antenatal classes) or parenting	Website/Facebook	Huna Trust Hei Tiki Pumau kaupapa Antenatal programme

Although we highlight the limitations of this study, our team also recognise the value of the evidence provided and the significance this report will have on future policy considerations for work to support wellbeing in the first thousand days' space. Moving forward, given greater scope and time to engage authentically with community providers to determine and collect responsive evidence, will strengthen findings from this report and provide practical next steps to inform policy. Our team emphasises the following recommendations.

# Recommendations

On the basis of the findings provided in this report, the evidence highlights six key areas that work to support wellbeing in the first thousand days. This project has also identified several areas for further consideration and development, which we highlight here in the hope that it will support a stronger and more equitable approach to tamariki wellbeing in the first thousand days.

1. An environmental scan, scope, and showcase of Māori communities and providers and the work that they are doing in the first thousand days space.
2. Provide adequate resourcing to sustainably fund ongoing interventions. We understand Te Hiringa Hauora- Health Promotion Agency has funded 18x community led projects in 2022 across Aotearoa. Though a positive move, the ongoing sustainability of these projects is unknown.
3. Provide resources for knowledge sharing. Allow access to shared networks and knowledge systems for communities to collaborate and share stories of success.
4. Use knowledge sharing opportunities as evidence for success. Rather than pure reliance on academic literature, where Māori voices are severely lacking. Instead, use the existing knowledge systems and networks to conduct evidence for success.
5. Recognise and prioritise the importance of interventions with a Māori whakapapa as opposed to deferring to international “gold standard” interventions.
6. Reorient service funding and measures. Adopt a “commissioning for outcomes” solution rather than a siloed solution.
7. Identify interventions for disinvestment where constant failures have occurred for Māori, to invest in interventions that support wellbeing in the first thousand days. The Waitangi Tribunal released a major report in 2019 (registered as WAI 2575) about breaches of te Tiriti within the health sector in relation to primary care, legislation, and health policy. One key finding of that report was the need to invest in Māori health. The Health and Disability System Review (2020) and Came et al. (2020) also highlight the need to identify what, and where, new investment and disinvestment should occur.

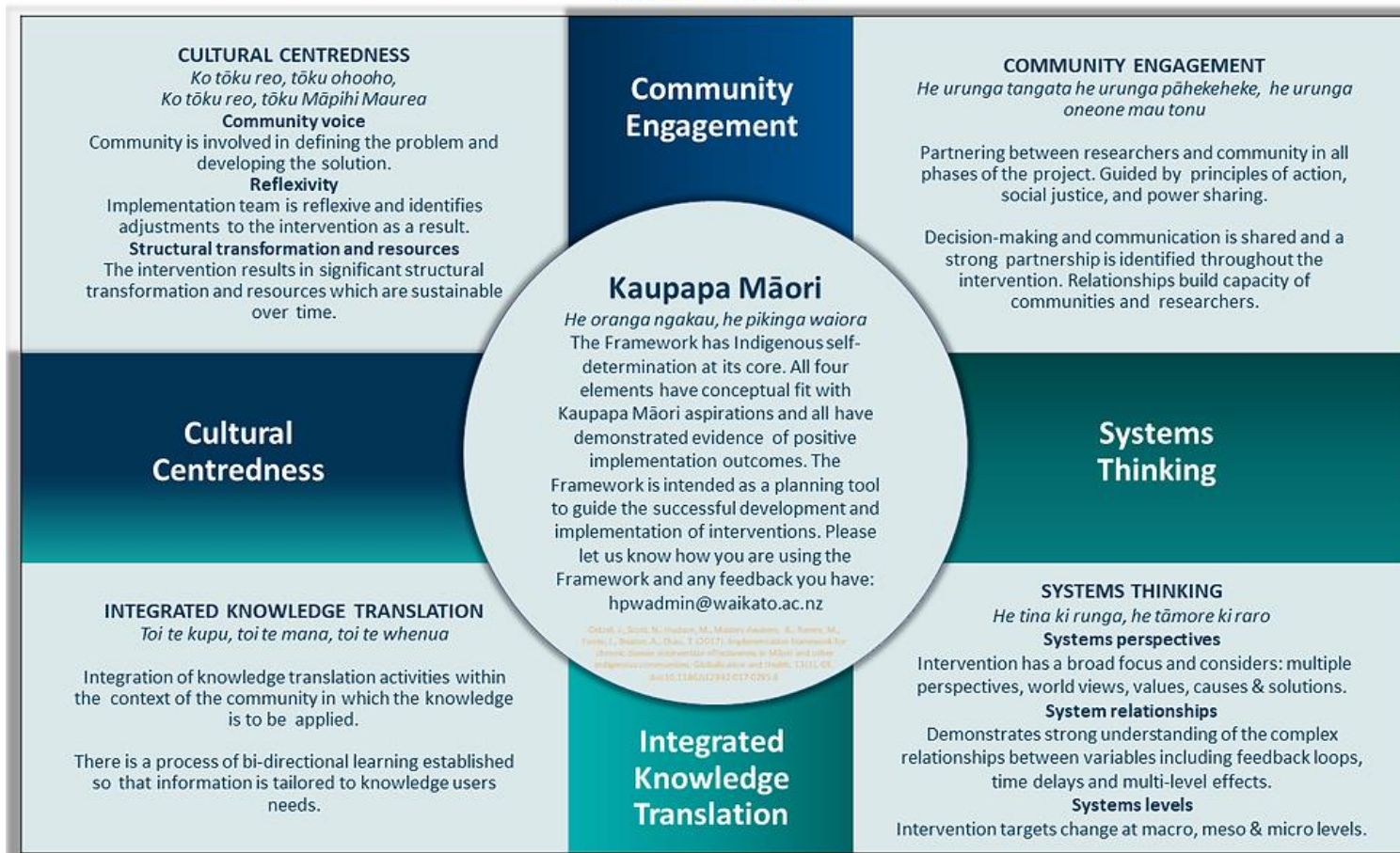
## Appendix one: He Pikinga Waiora Implementation framework



# HE PIKINGA WAIORA IMPLEMENTATION FRAMEWORK

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		High	Medium	Low	Negative
Cultural centredness	Community voice	Community involved in defining the problem and developing the solution.	Community involved in either defining the problem or developing the solution.	Community only informed but has no direct involvement in the definition of problem or solution development.	Intervention implemented in the face of significant community opposition.
	Reflexivity	Explicit statements regarding reflexivity and identification of adjustments to the intervention as a result.	Methods to engage in reflexivity or state they were aware of it; adjustments to the intervention are unclear.	No evidence that the team was reflexive about its processes or no changes made in response to team learnings.	Victim blaming, unintended bias or overt racism in intervention design, implementation or evaluation.
	Structural transformation and resource	Significant structural transformation and resources which are sustainable over time.	Intervention receives significant resources but has a limited focus on structural transformation.	Intervention receives minimal resources and is only sustainable over a short term.	Less resources available or lower quality resources as a result of the intervention compared with no intervention.
Community engagement	Community engagement	Strong community leadership. Decision-making and communication is shared and strong partnership is identified throughout the intervention.	Communication is two-way and there is co-operation to implement the intervention with a partnership becoming apparent.	The intervention team has ultimate control over the intervention and communication, which flows one-way to the community.	Intervention is placed in the community with no consultation with community.
IKT	Integrated knowledge translation	There is a process of mutual learning established so that information is tailored to knowledge users needs.	Medium level support for knowledge user by intervention team for implementing the intervention.	Minimal or no support for implementing intervention or outsiders implement the intervention for the knowledge users.	Knowledge users have major concerns which they are not able to discuss with the intervention team.
Systems Thinking	System perspectives	Intervention includes the following: 1)multiple causes, 2) broad focus/multiple solutions; and 3) multiple perspectives/world views, values of multiple actors.	Intervention includes 2 of the 3 factors in the high category.	Intervention includes 1 or none of the 3 factors in the high category.	Intervention has a negative impact due to a lack of consideration of multiple perspectives necessary to support implementation.
	System relationships	Demonstrates a strong understanding of the complex relationships between variables including feedback loops, time delays and multi-level effects.	Moderate understanding of the complex relationships between variables including feedback loops, time delays and multi-level effects.	Limited understanding of the complex relationships between variables including feedback loops, time delays and multi-level effects.	Intervention has a negative impact due to lack of consideration of system relationships important for implementation.
	System Levels	The intervention targets change at the macro, meso and micro levels, and provides sufficient rationale and context for each level.	The intervention targets change at 2 levels with some rationale and context for each level.	The intervention targets change at 2 levels or less without providing rationale and context.	Intervention has a negative impact due to lack of consideration of systems levels necessary to support implementation.

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